

Travel Expense Claim

*See Instructions and *Privacy Statement on Reverse Side*

STD. 262 (Rev. 7/2005)

| | | | | | | | | | | | | | | | | | |
|--------------------------------|--|--|--------------------------|--|--|---|--|--|----------------------------------|--|--|-------------|--|--|-------------------|--|--|
| Claimants Name Chris Murphy | | | SSN or Employee Number * | | | Department Office of Traffic Safety | | | | | | | | | | | |
| Position | | | CB/ID # | | | Division or Bureau | | | Index Number | | | | | | | | |
| Residence Address | | | | | | Headquarters Address 2208 Kausen Dr. Ste 300 | | | Telephone Number 916 509-3030 | | | | | | | | |
| City Elk Grove | | | State CA | | | Zip Code 95758 | | | City Elk Grove | | | State CA | | | Zip Code 95758 | | |

| (1) Month/Yr Jan 2010 | (2) Date | (3) LOCATION WHERE EXPENSES WERE INCURRED | (4) Lodging | (5) Meals | | | (6) Incidentals | (7) Transportation | | | | (8) BUSINESS EXPENSE | (9) TOTAL EXPENSES FOR DAY |
|--------------------------------------|----------|---|-------------|--------------|-------|---------------------------------|-----------------|--------------------|---------------|-----------------------------|---------------------|----------------------|----------------------------|
| | | | | Break - fast | Lunch | O.T., L/T, N/C, Relo. Or Dinner | | (A) Cost of Trans. | (B) Type Used | (C) carfare, tolls, parking | (D) Private Car Use | | |
| | Time | | | | | | | | | Miles | Amount | | |
| 1/06 | | Elk Grove to Sacramento | | | | | | | | 51 | 25.50 | | \$25.50 |
| 1/13 | | Elk Grove to Sacramento | | | | | | | | 32 | 16.00 | | \$16.00 |
| 1/20 | | Elk Grove to Sacramento | | | | | | | | 7.00 | 26 | 13.00 | \$20.00 |
| 1/21 | | Elk Grove to Sacramento | | | | | | | | 8.75 | 26 | 13.00 | \$21.75 |
| 1/27 | | Elk Grove to Sacramento | | | | | | | | 34 | 17.00 | | \$17.00 |
| | | | | | | | | | | | 0.00 | | \$0.00 |
| | | | | | | | | | | | 0.00 | | \$0.00 |
| | | | | | | | | | | | 0.00 | | \$0.00 |
| | | | | | | | | | | | 0.00 | | \$0.00 |
| | | | | | | | | | | | 0.00 | | \$0.00 |
| | | | | | | | | | | | 0.00 | | \$0.00 |
| | | | | | | | | | | | 0.00 | | \$0.00 |
| | | | | | | | | | | | 0.00 | | \$0.00 |
| | | | | | | | | | | | 0.00 | | \$0.00 |
| | | | | | | | | | | | 0.00 | | \$0.00 |
| (10) SUBTOTALS | | | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | | 15.75 | 169 | 84.50 | 0.00 |
| COLUMN CODE (ACCTG. USE ONLY) | | | | | | | | | | | | | |
| CLAIM TOTAL | | | | | | | | | | | | | \$100.25 |

| | |
|---|---|
| (11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required) 1/06- to MADD Headqtrs to help interview for State Exec Director SHSP Mtg 1/27 Teachable Mment Foundation Mtg | (12) NORMAL WORK HOURS 08:00 - 17:00 (13) PRIVATE VEHICLE LICENSE (14) MILEAGE RATE CLAIMED \$0.500 |
|---|---|

(15) I HEREBY CERTIFY That the above is a true statement fo the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum reate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirement as presecribed by SAM Sections 0750, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

| | | | |
|---|------|--|------|
| CLAIMANT'S SIGNATURE | DATE | (16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT | DATE |
| (17) SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES (See Item 17 on reverse) | | | DATE |

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

